Metropolitan Transit System

1255 Imperial Avenue, Suite 1000
San Diego, CA 92101-7490
(619) 231-1466 • FAX (619) 234-3407

APPLICATION FOR REDUCED FARE
S/D/M Compass Card (SHORT FORM)

Note: If you are applying for a San Diego Metropolitan Transit System (MTS) S/D/M Compass Card with *a statement of disability from a physician*, **STOP** and complete the Application For Reduced Fare (Long Form).

Section A. APPLICANT INFORMATION (Please print legibly)

Name _____ Date of Birth ___/___/___
Last First MI

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ Phone No.(___) _____

Section B. NEW CARD or REPLACEMENT

☐ **New card.** If you have not had an S/D/M Compass Card before, check this box. The cost is $7.

☐ **Replacement card.** If your S/D/M Compass Card was lost, stolen, or expired, check this box. The cost of a replacement card is $7 (does not include balance protection on lost, stolen or expired card unless your Compass Card was registered).

Section C. CERTIFICATION of ELIGIBILITY

*Please mark your eligibility category below. Check **ONLY ONE** category. Applicants are required to present a valid passport or valid state-issued photo ID card in addition to the documents listed below.*

☐ **Senior**

60 or Older? ☐ Yes ☐ No

Applicant 60 years of age or older must show valid picture ID with birth date. Acceptable forms of ID for proof of age are: **1**. Valid State Drivers License, or **2**. Valid DMV Identification Card, or **3**. Valid Passport.

☐ **Supplemental Security Income (SSI) or Social Security Disability Income (SSD)**

☐ Supplemental Security Income **-or-** ☐ Social Security Disability Income

Award Letter Date: _____/_____/_____

Claim Number: X X X - X X - | | | | | | |

Applicant must show original award letter (*that was issued within **ONE** year*) to The Transit Store staff. Photo copies or faxes will **NOT** be accepted.

☐ **DMV Disabled Eligibility**

Valid Registration Number for DMV Placard: _____

Applicant must show valid registration for a DMV placard to The Transit Store staff. Photo copies or faxes will **NOT** be accepted.

☐ **Medicare Recipient**

Medicare Card (not Medi-Cal)

Applicant must show original Medicare Card to The Transit Store staff. Photo copies or faxes will **NOT** be accepted.

☐ **MTS Access Recipient**

MTS Access Certification expiration date: _____/_____/_____

Applicant must show original Access Certification to The Transit Store staff. Photo copies or faxes will **NOT** be accepted. I authorize the Metropolitan Transit System to confirm Access Certification through ADA Ride.

Section D. APPLICANT SIGNATURE

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must either: be 60 years of age or older, have a valid award letter from SSI or SSD, have a Medicare card, have registration for DMV placard, or be an MTS Access recipient.

I understand that I must provide this completed and signed application and the required state or government-issued photo ID that shows that I qualify for a reduced fare in person to be considered for an S/D/M Compass Card. I understand that there is a processing fee for the card.

I understand that the S/D/M Compass Card is not transferable to others.

I understand that MTS reserves the right to determine eligibility based on federal guidelines.

I understand that the S/D/M Compass Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the program.

I understand that I must tap my S/D/M Compass Card on the bus farebox card reader or trolley validator to be eligible for the reduced fare.

_____ _____

Signature **Date**

(Parent/Legal Guardian must sign if applicant is under 18)

Section E. REGISTRATION for S/D/M BALANCE PROTECTION

☐ Yes, Register S/D/M Compass Card for FREE Balance Protection.

Balance Protection is a FREE program to replace the balance on a lost, stolen, damaged or expired S/D/M Compass Card. You MUST select "YES" for the Balance Protection to register your S/D/M Compass Card.

Return Application In Person To: The Transit Store
102 Broadway
San Diego, CA 92101

Hearing-Impaired Customers:
TDD - Southern San Diego Co. 619.234.5005; Northern San Diego Co. 1.888.722.4889

Section F. FOR OFFICE USE ONLY

_____ _____ _____

Government or State-Issued ID Card | Expiration Date | Staff Initials

Compass Card No: (Please print clearly)

0	1	6	0												

_____ _____

Card Issue Date | Eligibility Expiration Date

Rev. _/_/2015